

State of Montana  
Department of Public Health and Human Services

Rev. 7/14

	<b>PERSONAL ASSISTANCE SERVICES/COMMUNITY FIRST CHOICE FORMS REQUISITION</b> Self-Direct	Send to: Central Office Senior & Long Term Care P.O. Box 4210 Helena, MT 59604-4210 Phone: 406-444-4541 FAX: 406-444-7743
Requesting Agency Name:		Request Date:
Street Address:	City: Zip:	Telephone No:
Name of Requestor:		
Signature of Requestor:		Date Shipped:

Qty Requested	Qty Sent	Form Number	Form Name
------------------	-------------	----------------	-----------

---

**Forms Distributed by Central Office:**

		SLTC 159    Consumer Agreement (Replaces previous version)
		SLTC-160    Health Care Professional Authorization (Replaces previous version)
		SLTC-166    Personal Representative Agreement (Replaces previous version)
		SLTC-175    SD-CFC/SDPAS Service Plan (New)
		SLTC-200    Person Centered Plan (New)
		SLTC-210    Recertification Document (Replaces SLTC 164 & SLTC 150)
		CFC and PAS Personal Assistance Handbook (Must be given to each consumer).

**NOTE:** All forms come in bundles of 50 but can be requested in smaller quantities. Please do not put down number of bundles, use total number of forms. For example: 100 not 2. If you do not receive the forms you ordered, please call the above phone number.